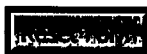


File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

JAN 21 2008  
fax

COMMITTEE NAME (Must be same as on Statement of Organization)

Klein for Statehouse

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Sarah Klein

Political Party (if applicable)

Republican

Office Sought

House Representative

District (if Senate or House)

89

FORM <b>DR-2</b> (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1705</u>
Logged In	<u>S</u>
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Rachel A Klein

515-689-0353

1/19/08

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A January 19 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

1955.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 1955.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

78.48

Schedule F: Loan Repayments total (Attach Schedule F)

1876.52

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME (Must be same as on Statement of Organization)**Klein For Statehouse**SCHEDULE****A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**☐ CHECK THIS BOX IF  
AMENDING FORM

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8/11/07	ID# CK#	Kim D. Schmetz 10141 Lincoln Ave Clive IA 50325		\$ 100.00	<input checked="" type="checkbox"/>
8/27/07	ID# CK#	Sarah & Rachel Klein 1744 Keokuk Washington St Keota IA 52248		10.00	<input checked="" type="checkbox"/>
8/31/07	ID# CK#	Mary Le Francis 1871 Woodland Dr. Fairfield IA 52556		10.00	<input checked="" type="checkbox"/>
8/31/07	ID# CK#	Barbara A Hirschler 2158 Greenbriar Circle Fairfield IA 52556		50.00	<input checked="" type="checkbox"/>
10/18/07	ID# CK#	Jane Dallmeyer 2160 190th St Washington IA 52353		100.00	<input checked="" type="checkbox"/>
10/18/07	ID# CK#	Mary A. Statler 306 W Keokuk Keota IA 52248		100.00	<input checked="" type="checkbox"/>
10/18/07	ID# CK#	Mary Grace Mayer 400 S. Dubuque Apt H28 Iowa City IA 52240	Grandmother blood relative	100.00	<input checked="" type="checkbox"/>
10/18/07	ID# CK#	Curt & Jennifer Bell 1806 Birch Ave Keota IA 52248	Aunt : Uncle blood relative	50.00	<input checked="" type="checkbox"/>
10/18/07	ID# CK#	Charles Sieren 1030 190th St Keota IA 52248		25.00	<input checked="" type="checkbox"/>
10/18/07	ID# CK#	John & San Berdo 2730 Larch Ave Washington IA 52353		50.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 595.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME (Must be same as on Statement of Organization)**Klein For Statehouse

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/18/07	ID# CK#	William & Audrey Greter 17163 310th St Keota IA 52248		\$ 100.00	<input checked="" type="checkbox"/>
10/18/07	ID# CK#	Roger Westendorf 307 N. Davis St Keota IA 52248	Uncle consanguinity	50.00	<input checked="" type="checkbox"/>
10/18/07	ID# CK#	John & Karen Schroeder 219 E Washington St Sigourney IA 52591		25.00	<input checked="" type="checkbox"/>
10/19/07	ID# CK#	Marlin Greiner 3326B Hwy 92 Keota IA 52248		50.00	<input checked="" type="checkbox"/>
10/24/07	ID# CK#	David Lyons 130 Briar Hill Drive Scotch Plains, NJ	grandfather affinity	100.00	<input checked="" type="checkbox"/>
10/24/07	ID# CK#	David Dickey 402 E 4th St Parkwood IA 52580		100.00	<input checked="" type="checkbox"/>
10/24/07	ID# CK#	Doug Wright 123 NW Westwood St Ankeny IA 50021		25.00	<input checked="" type="checkbox"/>
10/24/07	ID# CK#	Dan Berdo 2730 Larch Ave Washington IA 52353		40.00	<input checked="" type="checkbox"/>
10/26/07	ID# CK#	John Dane 4082 Dane Rd Iowa City IA 52240		100.00	<input checked="" type="checkbox"/>
	ID# CK#	LS Consulting, Loras Schulte 306 Apache Way Norway IA 52318		50.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 640.00

TOTAL (If last page of this schedule)

\$

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Page 2 of 4  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Klein For Statehouse

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/8/07	ID# CK#	Sim Branstad 1140 Hwy 92 Keota IA 52248		\$50.00	<input checked="" type="checkbox"/>
11/8/07	ID# CK#	Rita Dill 304 W Broadway Keota IA 52248		10.00	<input checked="" type="checkbox"/>
11/8/07	ID# CK#	Gary & Becky Wickenkamp 1170 Hwy 92 Keota IA 52248		100.00	<input checked="" type="checkbox"/>
11/21/07	ID# CK#	Senelle Komerling 426 Truman St Libon, IA 52253	Aunt blood relative	50.00	<input checked="" type="checkbox"/>
11/21/07	ID# CK#	Josh & Dia Bell 1325 Miller Rd Hoffman Estates, IL 60169	Cousin blood relative	50.00	<input checked="" type="checkbox"/>
11/30/07	ID# CK#	Jeff Johnston 3366 305th St Crawfordsville IA 52621		20.00	<input checked="" type="checkbox"/>
11/30/07	ID# CK#	Melody Bomber 26783 292nd Ave Keota IA 52248		20.00	<input checked="" type="checkbox"/>
12/12/07	ID# CK#	S. Herr, Herr/Stewart Farms 850 Juniper Ave Robins IA 52325	Uncle blood relative	200.00	<input checked="" type="checkbox"/>
12/17/07	ID# CK#	Mariannette Miller-Meeks Towa City, IA 52240		100.00	<input checked="" type="checkbox"/>
12/17/07	ID# CK#	Mary Le Francis 1871 Woodland Dr. Fairfield IA 52556		20.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 620.00

TOTAL (If last page of this schedule)

\$

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Page 3 of 4  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**Klein for Statehouse

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/17/07	ID# CK#	Terry Derby 2489 Unicorn Ave Fairfield, IA 52556		\$100.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$100.00	
TOTAL (if last page of this schedule)				\$1955.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 4 of 4  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Klein For Statehouse

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/17/07	ID# CK#	USPS 307 E Broadway Ave Keosauqua IA 52248	Postage & Mailings	\$ 78.48
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 78.48
TOTAL (if last page of this schedule)				\$ 78.48

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Klein For Statehouse

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
8/9/07	Spotlight Photography 1509 E Washington St Washington, IA 52353		Photography session, copyright CD	\$ 181.90	<input checked="" type="checkbox"/>
10/20/07	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Website Development	\$ 610.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 691.90

TOTAL (if last  
page of this  
schedule) \$ 691.90

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)